

APPLICATION FOR EMPLOYMENT  
**THREE RIVERS COMMUNITY COLLEGE**  
(AN EQUAL OPPORTUNITY EMPLOYER)

PLEASE RETURN TO:  
Three Rivers Community College  
2080 Three Rivers Boulevard  
Poplar Bluff, MO 63901-2393

**INSTRUCTIONS: You must respond to every question on this application. DO NOT refer to another document such as a resume. A separate application must be completed for each position for which you are applying. Fill out the form, print, sign, and mail to above address.**

1. \_\_\_\_\_ 2. Position Applied for \_\_\_\_\_  
Social Security Number

3. Full legal name (Print with last name, first name) \_\_\_\_\_

4. Mailing Address \_\_\_\_\_  
Street P.O. Box No. City State Zip

5. Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

6. Business Phone (Enter only if we may contact you at work) \_\_\_\_\_ Extension \_\_\_\_\_

7. List names and addresses of three persons **not** related to you who know your qualifications or who know your character.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Have you ever been convicted of a law violation other than minor traffic violations? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_

9. Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_

10. Are you legally authorized to work for any employer in the United States? \_\_\_\_ Yes \_\_\_\_ No  
(If employed, you must provide document(s) that establish identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.) The College does not sponsor non-residents for purposes of employment.

11. If you possess any license (other than driver's license), certificate or other authorization to practice a trade or profession, complete the following section.

Type of License	License Number	Expiration Date	Granted by (Licensing Board)

12. Name and location of last high school attended

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Did you graduate? \_\_\_\_\_

13. If you did not graduate from high school, do you have a high school equivalency diploma? \_\_\_\_\_

14. If "Yes," give date received: \_\_\_\_\_ Check one: \_\_\_\_\_ GED \_\_\_\_\_ USAFI \_\_\_\_\_ Other

15. College or University

NAME AND LOCATION	DATES ATTENDED		CREDITS		MAJOR and/or SPECIALTY	TYPE OF DEGREE OR CERTIFICATE
	FROM	TO	SEM. HRS.	QTR. HRS.		
Name of School						
Location						
Name of School						
Location						
Name of School						
Location						

16. If you expect to receive a college degree within the next three (3) months, please complete the following:

Type of degree \_\_\_\_\_ Date you expect to receive it \_\_\_\_\_

17. On what date will you be available to start work? (If no date specified, we will assume that you are available now. It is understood that you must give adequate notice if you are presently employed.) \_\_\_\_\_

Date you will be available (mm/dd/yyyy)

18. May we contact your present employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

19. What is the minimum yearly salary that you will accept? \$ \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary, to arrive at an employment decision. A Photostatic copy of this authorization shall be considered as effective and valid as the original. I acknowledge that I have read this statement and that, in the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that all information collected during the application shall be the sole property of the college.

20. Date: \_\_\_\_\_ 21. Signature: \_\_\_\_\_

Give a complete record of your employment history including part-time work, military service (substitute rank for salary), and volunteer experience. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly so that your experience may be fairly evaluated. Account for all periods of unemployment. Attach an additional sheet if more space is needed.

22.	DATES OF EMPLOYMENT		NAME OF EMPLOYMENT FIRM		NAME AND TITLE OF SUPERVISOR/PHONE NUMBER	
	_____ TO _____ mm/yy mm/yy		ADDRESS		REASON FOR LEAVING	
	FULL TIME ____ PART TIME ____		KIND OF BUSINESS OR ORGANIZATION		STARTING SALARY \$ _____ FINAL SALARY \$ _____	
	IF PART TIME, HOW MANY HOURS PER WEEK? _____				YOUR NAME WHEN EMPLOYED, IF DIFFERENT	
	POSITION OR POSITIONS HELD WITH THIS ORGANIZATION		LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES OF EACH POSITION HELD		NUMBER AND CLASS OF PEOPLE SUPERVISED
23.	DATES OF EMPLOYMENT		NAME OF EMPLOYMENT FIRM		NAME AND TITLE OF SUPERVISOR/PHONE NUMBER	
	_____ TO _____ mm/yy mm/yy		ADDRESS		REASON FOR LEAVING	
	FULL TIME ____ PART TIME ____		KIND OF BUSINESS OR ORGANIZATION		STARTING SALARY \$ _____ FINAL SALARY \$ _____	
	IF PART TIME, HOW MANY HOURS PER WEEK? _____				YOUR NAME WHEN EMPLOYED, IF DIFFERENT	
	POSITION OR POSITIONS HELD WITH THIS ORGANIZATION		LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES OF EACH POSITION HELD		NUMBER AND CLASS OF PEOPLE SUPERVISED
24.	DATES OF EMPLOYMENT		NAME OF EMPLOYMENT FIRM		NAME AND TITLE OF SUPERVISOR/PHONE NUMBER	
	_____ TO _____ mm/yy mm/yy		ADDRESS		REASON FOR LEAVING	
	FULL TIME ____ PART TIME ____		KIND OF BUSINESS OR ORGANIZATION		STARTING SALARY \$ _____ FINAL SALARY \$ _____	
	IF PART TIME, HOW MANY HOURS PER WEEK? _____				YOUR NAME WHEN EMPLOYED, IF DIFFERENT	
	POSITION OR POSITIONS HELD WITH THIS ORGANIZATION		LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES OF EACH POSITION HELD		NUMBER AND CLASS OF PEOPLE SUPERVISED
25.	DATES OF EMPLOYMENT		NAME OF EMPLOYMENT FIRM		NAME AND TITLE OF SUPERVISOR/PHONE NUMBER	
	_____ TO _____ mm/yy mm/yy		ADDRESS		REASON FOR LEAVING	
	FULL TIME ____ PART TIME ____		KIND OF BUSINESS OR ORGANIZATION		STARTING SALARY \$ _____ FINAL SALARY \$ _____	
	IF PART TIME, HOW MANY HOURS PER WEEK? _____				YOUR NAME WHEN EMPLOYED, IF DIFFERENT	
	POSITION OR POSITIONS HELD WITH THIS ORGANIZATION		LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES OF EACH POSITION HELD		NUMBER AND CLASS OF PEOPLE SUPERVISED

Use this space for any additional information that you feel will help us evaluate your qualifications, or to amplify any statement made in this application.